

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008061

FILED  
Jun 15, 2009  
Secretary of State

**Entity Name:** BETHANY EDUCATION AND HUMAN SERVICES PROGRAM, INC.

**Current Principal Place of Business:**

1250 HOLT AVENUE  
CLEARWATER, FL 33755 US

**New Principal Place of Business:**

1621 YOUNG AVE.  
CLEARWATER, FL 33756 US

**Current Mailing Address:**

1621 YOUNG AVE.  
CLEARWATER, FL 33756 US

**New Mailing Address:**

**FEI Number:** 47-0933394 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HARRIS, CALVIN D  
1621 YOUNG AVENUE  
CLEARWATER, FL 33756 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: HARRIS, CALVIN D  
Address: 1621 YOUNG AVE.  
City-St-Zip: CLEARWATER, FL 33756 US

Title: VP ( ) Delete  
Name: MILLER, ANNIE  
Address: 1415 N. 4TH ST.  
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: SEC ( ) Delete  
Name: TURMAN, MARILYN  
Address: 1825 KING'S HIGHWAY  
City-St-Zip: CLEARWATER, FL 33755 US

Title: DIR ( ) Delete  
Name: BUIE, BRENDA  
Address: 1570 OAK VILLAGE DRIVE  
City-St-Zip: LARGO, FL 33778 US

Title: DIR ( ) Delete  
Name: MICKENS, LORELEI  
Address: 1412 HEAVEN SENT LANE  
City-St-Zip: CLEARWATER, FL 33755 US

Title: DIR ( ) Delete  
Name: HARRIS, RUTH O  
Address: 1621 YOUNG AVE.  
City-St-Zip: CLEARWATER, FL 33756 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CALVIN D. HARRIS

PRES

06/15/2009

Electronic Signature of Signing Officer or Director

Date